

# **EXHIBIT 29**

**UNION GRIEVANCE**  
(Grievance Starting Second Stage Only)

Grievance CB1850

Idg. or Unit DSP  
Date \_\_\_\_\_

Local No. 600

|   |                           |                  |
|---|---------------------------|------------------|
| EMPLOYEE  |                           |                  |
| NAME <u>ATHOR MULLINS</u>   | Badge No <u>002008718</u> |                  |
| SHIFT <u>C-CREW</u>   | SENIORITY <u>3-16-15</u>  | Dept <u>5830</u> |
| CLASSIFICATION <u>ATMWL</u>   |                           |                  |
| EMPLOYEE  |                           |                  |
| SIGNED <u>AGENT</u>   |                           |                  |
| NOT NECESSARY TO FILL IN ENCLOSED SPACE WHEN GRIEVANCE CONCERNS<br>UNION RIGHT ONLY |                           |                  |

|                       |
|-----------------------|
| Date Stamp Submission |
| B.B.<br>6/15/15       |

NATURE OF GRIEVANCE: UNJUST DISCIPLINEVIOLATION OF ARTICLE: 4Section: 3

STATEMENT OF CASE: THE UNION PROTESTS THE COMPANY ACTIONS OF UNJUSTLY TERMINATING MR. MULLINS FOR FAILURE TO COMPLY WITH A FIVE DAY NOTICE. THE COMPANY CONTENDS THAT THEY IN FACT SENT OUT A CERTIFIED LETTER TO MR. MULLINS HOME ON 5-8-18 (APROX) AND THAT HE WOULD NOT SIGN FOR IT. THEY THEN SENT IT AGAIN TELLING HIM THAT HE WAS SENT A FIVE-DAY NOTICE AND WOULD HAVE TO COMPLY TO IT WITH MEDICAL DOCUMENTATION STATING ALL DATES WERE COVERED BY A DOCTOR UPON RETURNING TO WORK. THE UNION CONTENDS THAT THE COMPANY PUT MR. MULLINS OUT PRIOR TO ANY OF THESE ACTIONS FOR AN ALLEGED CONFRONTATION AT LABOR BETWEEN MR. MULLINS AND LABOR REPRESENTATIVE BRYAN BUTCHER. WHEN THE COMPANY AT THIS SUBJECTED MR. MULLINS TO SEEK PSYCHIATRIC EVALUATION. UPON LEARNING THAT HE WAS CLEARED FULLY BY A PSYCHIATRIST THE COMPANY STILL WOULD NOT ALLOW HIM TO RETURN BACK TO WORK. THE UNION FILED MUTABLE GRIEVANCES FOR THIS ISSUE AND WERE GRANTED FULL PAY. NOW IN THE MIST OF ALL THIS GOING ON, THE COMPANY FAILED TO COMPLY WITH THE ORIGINAL ISSUE THAT SUBJECTED MR. MULLINS TO TIME OFF. THE UNION CONTENDS THAT THE COMPANY FAILED TO INFORM MR. MULLINS OF WHAT ISSUE HE WAS BEING HELD ACCOUNTABLE FOR IN NEED OF MEDICAL COVERAGE. MR. MULLINS WAS UNDER THE IMPRESSION THAT THE ISSUE THAT STARTED THIS TERMINATION TO TRANSPIRE WAS THE ISSUE HE HAD ALREADY PRESENTED DOCTOR'S NOTES THAT IN FACT CLEARED HIM FOR WORK.

THE ADJUSTMENT REQUESTED: THE UNION DEMANDS THAT THE COMPANY RETURNS MR. MULLINS TO HIS FORMER CLASSIFICATION OF ATMWL WITH FULL SENIORITY AND MADE WHOLE ALL LOST WAGES.

SIGNED (BARGAINING COMMITTEE): \_\_\_\_\_

|                        |
|------------------------|
| Date Stamp Disposition |
|------------------------|

DISPOSITION BY COMPANY \_\_\_\_\_

(SIGNED) \_\_\_\_\_

DATE \_\_\_\_\_

All Grievances Must Be "Date Stamped" by Company Representative on Date Presented and Disposed

E-Z-OUT® UARCO Business Forms - 11a

**Ford** **Grievance Filed Protesting Termination** **GED**

|                                |                        |                 |                                       |  |
|--------------------------------|------------------------|-----------------|---------------------------------------|--|
| NAME (LAST<br><b>Mullins</b>   | FIRST<br><b>Arthur</b> | MI)<br><b>G</b> | SOCIAL SECURITY NO.<br><b>2008715</b> | DATE TERMINATED<br>MO. DAY YEAR<br><b>6 12 18</b>      |
| COMPANY LOCATION<br><b>DSP</b> |                        |                 | PAYROLL LOCATION NO.<br><b>1324</b>   | DATE GRIEVANCE FILED<br>MO. DAY YEAR<br><b>6 15 18</b> |

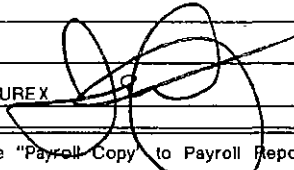
TYPE OF TERMINATION (CHECK ONE)

☐ DISCHARGE      ☒ TEN DAY QUIT  
☐ THREE DAY QUIT      ☐ PERSONAL LEAVE EXPIRED

Labor Relations  
Signature or Initial × **BDB**

REMARKS: **CB1850 = Grievance No.**

**GD09ME79 = GPID**

SIGNATURE 

INSTRUCTIONS: (A) Complete form for employee who was terminated as a discharge (code 02), 3 day quit (code oy), 10 day quit (code 01), or personal leave expired (code oq) and who had filed in his behalf, a grievance protesting his termination. (B) Forward the "Payroll Copy" to Payroll Reports and Accounting Department, Room 2649 E.M.C.C. Building. (C) Place "Records Copy" in employee's personnel jacket.

IND REL  
APR 71 **9**

**PAYROLL COPY**